

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address	FOR COURT USE ONLY
Nexus Bankruptcy Benjamin Heston (297798) 3090 Bristol Street #400 Costa Mesa, CA 92626 Phone: (949) 312-1377 Email: ben@nexusbk.com	
Attorney for Debtor(s)	
	NKRUPTCY COURT ALIFORNIA - RIVERSIDE DIVISION
In re:	CASE NO.:
Demion Starr Lewis	CHAPTER: 7
Chaniqua Renea Lewis	DECLARATION BY DEBTOR(S) AS TO WHETHER INCOME WAS RECEIVED FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION DATE
	[11 U.S.C. § 521(a)(1)(B)(iv)]
Debtor(s).	[No hearing required]
Debtor(s) provides the following declaration(s) as to whether income was bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)	
Declaration of Debtor 1	
1.	ry that the following information is true and correct:
During the 60-day period before the Petition Date (Check of	only ONE box below):
	atements of earnings, pay stubs, or other proof of employment income I he Debtor's social security number or bank account is on a pay stub or the number(s) before filing this declaration.)
I was not paid by an employer because I was either self	f-employed only, or not employed.

Date: 06/20/2025

Demion Starr Lewis

Printed name of Debtor 1

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Declaration of Debtor 2 (Joint Debtor) (if applicable)

2.	✓ I am Debtor 2 i	n this case, and I declare under penal	lty of perjury that the following information is true and correct:
	During the 60	-day period before the Petition Date	(Check only ONE box below):
	received f	rom my employer during this 60 day p	es of all statements of earnings, pay stubs, or other proof of employment income I eriod. (If the Debtor's social security number or bank account is on a pay stub or it (redact) the number(s) before filing this declaration.)
	✓ I was not	paid by an employer because I was	either self-employed only, or not employed.
Date:	06/20/2025	Chanigua Renea Lewis	

Printed name of Debtor 2

Signature of Debtor 2



Bank Chase Chase

Sysco Riverside, Inc. Sysco Riverside 15750 Meridian Parkway Riverside, CA 92518 (281) 584-1390

Demion Lewis	1488 E 8th St Beaumont, CA 92223	
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Name		Company					Emp	oloyee ID	Pay	Period Begin	Pay	Period End	Che	ck Date Cl	neck Number
Demion Lewis		Sysco Rivers	ide, Inc.				6	0169657		05/18/2025		05/31/2025	06/0	6/2025	
		H	lours Worked		Gross F	Pay Pre	Tax D	eductions		Colleague T	axes		Deductions		Net Pay
Current			72.00		4,336	.53		947.37		52	28.46	1	59.67		2,801.03
YTD			796.00		52,038	.41	2	11,802.09		5,52	21.51		716.04		33,998.77
		1.8	Earnings									Colleag	ue Taxes		
Description	Dates		Hours	Rate	Amou	nt YTD H	ours \	YTD Amou	unt	Description				Amount	YTD
Basic Life GTL Floating Holiday	05/18/2025	- 05/31/2025			5.5	i4	24	66. 1,300.		OASDI Medicare				226.61 52.99	2,719.25 635.95
Holiday	05/18/2025	- 05/31/2025	8 5	4.2067	433.6	5	32	1.734.		Federal Withho	olding	r.		150.00	1,200.00
Regular Salary	05/18/2025	05/31/2025	72 5	4.2067	3,902.8	8	796	43,148.	53	State Tax - CA				55.00	440.00
Sick Vacation							68 40	3,686. 2,168.		CA SDI - CASI	DI			43.86	526.31
Earnings					4,342.0	7		52,104.	89	Colleague Tax	es			528.46	5,521.51
		Pre Tax De	ductions								D	eductions			
Description				Α	mount	YTD	Descr	ription						Amount	YTE
401k Contribution Dental FSA Healthcare	1				260.20 42.00 107.69	3,556.05 504.00 1,292.28	401k	Loan (Loa	an 01	1)				59.67	716.04
Medical Vision					529.38 8.10	6,352.56 97.20									
Pre Tax Deduction	ons			9	947.37	11,802.09	Dedu	ictions						59.67	716.04
(c		Employer Pa	id Benefits				Subject or Taxable Wages								
Description				A	mount	YTD	Descr	ription						Amount	YTD
Employer Paid De Employer Medica					20.35 515.10	244.20 6,181.20	Medic	OI - Taxab care - Tax	able	Wages	*********		3	,654.90 ,654.90	43,858.85 43,858.85
Employer Paid B	enefits			5	35.45	6,425.40				g - Taxable Wa Wages - CA	ges			,394.70	40,302.80
6			Federa			State					Abs	ence Plans			
Marital Status		Married f	iling jointly (or	r		Married	Desci	-							Available
		Qualifyi	ng widow(er)	1				ed Sick Ti		The state of the s					(
Allowances 0 Additional Withholding 150						15	Dannes racanon rano on ran							(
Additional withno	olding		150	Ί		55	0.00.0	lard Carry lard Sick			Plan				20
							70000			Time Off Plan ay Time Off Pla	in				136.69
						ayment In	_								
D 1						Cymon III	A	OII				LICD A-			

Account Number

*****5337 *****9527

Account Name

Chase *****5337 Chase *****9527

USD Amount

Amount

USD

2,501.03

300.00



Chase Chase

Sysco Riverside, Inc. Sysco Riverside 15750 Meridian Parkway Riverside, CA 92518 (281) 584-1390

Name	.,	Company					Er	mployee ID	Pay Period Begin	Pa	y Period End	Check Date	Check Numbe	
Demion Lewis		Sysco Riverside	e, Inc.					60169657	06/01/2025	5	06/14/2025	06/20/2025		
6		Hou	rs Worked		Gross Pa	ay Pre	е Тах	Deductions	Colleague	Taxes	De	ductions	Net Pa	
Current			80.00		4,336.5	54		947.37		28.46		59.67	2,801.0	
YTD			876.00		56,374.9	95		12,749.46	6,0)49.97		775.71	36,799.8	
			Earnings							Colleague Taxes				
Description	Dates		Hours	Rate	Amount	YTDH	ours	YTD Amou	nt Description			Amoun	t YTI	
Basic Life GTL Floating Holiday Holiday Regular Salary Sick Vacation	06/01/2025 - 06/01/2025 -		80 54	.2067	5.54 4,336.54		24 32 876 68 40	72.0 1,300.9 1,734.0 47,485.0 3,686.0 2,168.3	Medicare Federal With State Tax - C CA SDI - CA	A	ı	226.60 53.00 150.00 55.00 43.86	688.9 1,350.0 495.0	
Earnings					4,342.08		40	56,446.9	_	axes		528.46	6.049.97	
		Pre Tax Ded	uctions					35.04.1			eductions			
Description		Pre Tax Dedi	uctions		Amount	YTD	Des	cription		L	eductions	Amoun	t YTI	
401k Contribution Dental FSA Healthcare Medical Vision					42.00 107.69 529.38 8.10	3,816.25 546.00 1,399.97 6,881.94 105.30		k Loan (Loa	n 01)			59.67		
Pre Tax Deduction	ns			9	947.37 12	2,749.46	Dec	ductions				59.67	775.7	
		Employer Paid	Benefits						Su	bject o	or Taxable Wage	es		
Description				A	Amount	YTD	_	cription				Amoun		
Employer Paid De Employer Medical					20.35 515.10	264.55 6,696.30	Medicare - Taxable Wages 3,65					3,654.9° 3,654.9° 3,394.7°	47,513.76	
Employer Paid Be	enefits				535.45	6,960.85			ble Wages - CA	-9		3,394.7		
			Federal			State		(0.31)		Abs	sence Plans			
Marital Status			g jointly (or widow(er))	e e		Married	Ban	cription ked Sick Tir	ne Off Plan				Available	
Allowances	1		0			15	1		n Time Off Plan					
Additional Withho	lding		150			55	Star	ndard Sick T ndard Vacat	over Sick Time O ime off Plan ion Time Off Plan oliday Time Off P		à		146.69	
					Pa	ayment Ir	forma	ation						
Bank		Acc	ount Name				_	ccount Num	ber		USD Amou	nt	Amount	

*****5337

*****9527

2,501.04

300.00

USD

Chase *****5337 Chase *****9527



Company

Sysco Riverside, Inc.

Account Name

Chase *****5337

Name

Bank

Chase Chase

Demion Lewis

Sysco Riverside, Inc. Sysco Riverside 15750 Meridian Parkway Riverside, CA 92518 (281) 584-1390

Employee ID Pay Period Begin

05/04/2025

60169657

Pay Period End

05/17/2025

USD Amount

Amount

300.00

2,501.03

USD

USD

Check Date Check Number

05/23/2025

Demion Lowie	1488 E 8th St Beaumont, CA 92223	
Demion Lewis	1400 E oth St Deaumont, CA 92223	

		-					_								
		Н	ours Worked		Gross	Pay Pr	е Тах	Deductions	Colleague Taxes	Deductions		Net Pay			
Current			72.00		4,33	6.53		947.37	528.46	59.67		2,801.03			
YTD			724.00		47,70	1.88		10,854.72	4,993.05	656.37		31,197.74			
			Earnings							Colleague Taxes	Colleague Taxes				
Description	Dates		Hours	Rate	Amou	int YTD H	lours	YTD Amount	Description		Amount	YTD			
Basic Life GTL	05/04/2025	- 05/17/2025			5.54			60.94	OASDI		226.60				
Floating Holiday							24	1,300.96			53.00	582.96			
Holiday							24	1,300.95			150.00	1,050.00			
Regular Salary	05/04/2025	- 05/17/2025	72 5	4.2067	3,902.	88	724	39,245.65			55.00	385.00			
Sick							68	3,686.05			43.86	482.45			
Vacation	05/04/2025	- 05/17/2025	8 5	4.2067	433.		40	2,168.27	1						
Earnings					4,342.0	07	12528	47,762.82	Colleague Taxes	<u> </u>	528.46	4,993.05			
Pre Tax Deductions									De	eductions					
Description				Α	mount	YTD	Des	scription			Amount	YTD			
401k Contribution				2	260.20	3,295.85		k Loan (Loan	01)		59.67	656.37			
Dental					42.00	462.00	11								
FSA Healthcare					107.69	1,184.59									
Medical Vision					529.38 8.10	5,823.18 89.10									
	200			2			1					656.37			
Pre Tax Deductio	ns			9	947.37	10,854.72	Deductions 59.67								
		Employer Pa	id Benefits				Subject or Taxable Wages								
Description				Α	mount	YTD	Des	scription			Amount	YTD			
Employer Paid De					20.35	223.85		40,203.95 40,203.95							
Employer Medical	Contributions				515.10	5,666.10									
Employer Paid Be	anofite			5	35.45	5,889.95			•		,394.70	36,908.10 36,908.10			
Employer Faid Be	oriento .				700.40	5,005.55	Sta	te Tax Taxable	e wages - CA	3	,394.70	30,900.10			
			Federa	-		State	-	V-7-19	Abs	ence Plans					
Marital Status			ling jointly (o			Married	_	scription				Available			
Allerman		Qualityi	ng widow(er)	4		45	1	ked Sick Time				0			
Allowances Additional Withhol	ding		150	_		15 55	1	ked Vacation				0			
Additional Withhol	aing		150	Ί		55	Otta	ndard Carryov ndard Sick Tin	er Sick Time Off Plan			20			
									n Time Off Plan			136.69			
							7		iday Time Off Plan			0			
				-			100								

Payment Information

Account Number

*****9527

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Chase Chase Sysco Riverside, Inc. Sysco Riverside 15750 Meridian Parkway Riverside, CA 92518 (281) 584-1390

Name		Company					E	mployee ID	Pay	y Period Begin	Pay	Period End	Check Dat	e Check Numbe	
Demion Lewis		Sysco Riversi	ide, Inc.					60169657	1	04/20/2025		05/03/2025	05/09/202		
		Н	ours Worked		Gross	Pay P	re Tax	Deductions		Colleague T	axes	Dec	ductions	Net Pay	
Current			48.00		4,336	5.54		947.37		52	8.45		59.67	2,801.05	
YTD			652.00		43,365	.35		9,907.35	5	4,46	4.59		596.70	28,396.7	
			Earnings									Colleague	Taxes		
Description	Dates		Hours	Rate	Amou	nt YTD	Hours	YTD Amor	unt	Description			Amou	nt YTE	
Basic Life GTL Floating Holiday	04/20/2025	- 05/03/2025			5.5	54	24	55. 1,300.	96	OASDI Medicare			226.6 52.9	99 529.96	
Holiday							24	1,300.		Federal Withho			150.0		
Regular Salary		- 05/03/2025		4.2067	2,601.9		652	35,342.		State Tax - CA			55.0		
Sick Vacation	04/20/2025	- 05/03/2025	32 5	4.2067	1,734.6	52	68	3,686. 1,734.		CA SDI - CASI	DI		43.8	438.59	
Earnings					4,342.0	8		43,420.	75	Colleague Tax	es		528.4	5 4,464.59	
8		Pre Tax De	ductions								D	eductions			
Description					Amount	YTI	Des	scription					Amou	nt YTD	
401k Contribution Dental					260.20 42.00	3,035.6 420.0		k Loan (Loa	an O	1)			59.6	596.70	
FSA Healthcare Medical					107.69 529.38	1,076.9 5,293.8	0								
Vision					8.10	81.0	0								
Pre Tax Deduction	ons				947.37	9,907.3	5 De	ductions					59.6	7 596.70	
		Employer Pa	id Benefits				Subject or Taxable Wages								
Description					Amount	YT	De:	scription					Amou	nt YTD	
Employer Paid De					20.35	203.5		SDI - Taxab					3,654.9		
Employer Medical	I Contributions				515.10	5,151.0		dicare - Tax					3,654.9		
Employer Paid Be	enefits				535.45	5,354.5				g - Taxable Wa Wages - CA		3,394.7 3,394.7			
			Federa	1		Stat					Abo	ence Plans	0,00	00,01011	
Marital Status		Married fi	ling jointly (or			Marrie		scription			AUS	ence Plans		Available	
ophics of the account of		Qualifyir	ng widow(er))	_		01000000000		ked Sick Ti	ime (Off Plan				0	
Allowances						1	_			ime Off Plan				0	
Additional Withho	lding		150	2		5	1000	ndard Carry ndard Sick		r Sick Time Off	Plan			20	
										Time Off Plan				144.69	
							US	A Floating H	Holid	ay Time Off Pla	in			C	
8					- 1	Payment									
Bank		A	ccount Name				A	ccount Num	nber			USD Amour	nt	Amount	
-														000 00 1100	

*****9527 *****5337 USD

300.00 2,501.05

Chase *****9527 Chase *****5337



Bank

Chase Chase

Sysco Riverside, Inc. Sysco Riverside 15750 Meridian Parkway Riverside, CA 92518 (281) 584-1390

Demion Lewis	1488 F 8th St Beaumont, CA 92223	3

Name	Company			10000		Employee ID	Pay Perio	od Begin	Pay	Period End	Chec	k Date Cl	heck Number		
Demion Lewis	Sysco Rivers	side, Inc.				60169657	05/	18/2025		05/31/2025	06/06	6/2025			
	- 1	Hours Worked	Gr	oss Pay	Pre	Tax Deductions	Co	lleague Ta	axes	D	eductions		Net Pay		
Current		72.00	4	,336.53		947.37	7	52	8.46		59.67		2,801.03		
YTD		796.00	52	,038.41		11,802.09	9	5,52	1.51		716.04		33,998.77		
		Earnings													
Description Dates		Hours	Rate A	mount \	/TD Ho	ours YTD Amo	unt Desc	ription		Colleagu		Amount	YTD		
Floating Holiday	025 - 05/31/2025	.9500 T 0350		5.54		24 1,300		care	1010			226.61 52.99	2,719.25 635.95		
	25 - 05/31/2025			33.65		32 1,734		ral Withho				150.00	1,200.00		
	25 - 05/31/2025	72 54	.2067 3,9	02.88		796 43,148		Tax - CA				55.00	440.00		
Sick Vacation						68 3,686 40 2,168		DI - CASE	Л			43.86	526.31		
Earnings			4,3	42.07		52,104	.89 Colle	eague Tax	es			528.46	5,521.51		
	Pre Tax D	eductions				Deductions									
Description			Amount		YTD	Description					- 1	Amount	YTD		
401k Contribution Dental FSA Healthcare			260.20 42.00 107.69	5 1,2	56.05 04.00 92.28	401k Loan (Lo	an 01)					59.67	716.04		
Medical Vision			529.38 8.10		52.56 97.20										
Pre Tax Deductions			947.37	11,8	02.09	Deductions						59.67	716.04		
	Employer Pa	aid Benefits			(5)	Subject or Taxable Wages									
Description			Amount		YTD	Description					F	Amount	YTD		
Employer Paid Dental Employer Medical Contribut	ons		20.35 515.10		44.20 81.20	OASDI - Taxab Medicare - Tax Federal Withho	able Wag	es			3,	654.90 654.90 394.70	43,858.85 43,858.85 40,302.80		
Employer Paid Benefits			535.45	6,4	25.40	State Tax Taxa			jes			394.70	40,302.80		
		Federal	0		State	6			Abs	ence Plans			-		
Marital Status		filing jointly (or		М	arried	Description							Available		
Allowanees	Qualify	ing widow(er))			15	Banked Sick T		The state of the s							
Allowances Additional Withholding			55	Banked Vacati Standard Carry						20					
ricanional vinimolang		150				Standard Sick			riari				20		
						Standard Vaca	tion Time	Off Plan	_				136.69		
			ij.			USA Floating I	noliday Tin	ne On Plai	n						
Posk		Account Name		Payn	nent In	formation				LICD Amo			mount		

Account Name

Chase *****5337 Chase *****9527

Account Number

*****5337 *****9527

USD Amount

Amount

USD

2,501.03

300.00